

TEXAS DEPARTMENT OF HEALTH BUREAU OF RADIATION CONTROL
REGISTRATION APPLICATION FOR USERS OF RADIATION MACHINES
IN HEALING ARTS, VETERINARY MEDICINE AND ACADEMIC FACILITIES

INSTRUCTIONS: Complete ALL ITEMS of the application. Mail original(s) to the Texas Department of Health, Bureau of Radiation Control (BRC), 1100 West 49th Street, Austin, Texas 78756-3189. Upon approval of the application, the applicant will receive a Certificate of Registration. Submit the appropriate fee with an application for NEW REGISTRATIONS ONLY. If there are any questions, contact the BRC at (512)834-6688.

1. a. Legal Name of business, facility or individual:* b. Business mailing address:		2. Physical address where radiation machines will be used: (Submit separate application forms for each additional use location under this registration.)				
3. Telephone No.:		4. County of Use:				
5. E-mail Address:		6. Fax No:				
7. Type of action: (Check all that apply) <input type="checkbox"/> New Registration (Attach appropriate fee) <input type="checkbox"/> Renewal of Registration No. _____ <input type="checkbox"/> Amendment to Registration No. _____ <input type="checkbox"/> Name change <input type="checkbox"/> Equipment change* <input type="checkbox"/> Address change <input type="checkbox"/> Additional use location <input type="checkbox"/> RSO change <input type="checkbox"/> Licensed practitioner change		8. List all licensed practitioners (only for human and/or veterinary use) directing use of radiation machines: <hr/> <hr/> <hr/>				
		9. Radiation Safety Officer (RSO):*(Submit qualifications)				
10. a. Machine data for this location: Complete inventory must be submitted for new, renewal and address changes						
Manufacturer	Use Code* (see Table on Back)	Control Panel		Maximum Rates		Room No.
		Model No.	Serial No.	kVp	mA	

b. Total number of radiation machines (control panels) now possessed: _____ (Including any in storage)*
 c. Number of radiation machines (control panels) at this use location: _____
 d. If mobile services are used, indicate name and registration number of the "Provider of Equipment":
 Provider _____ Provider's Registration No. _____

11. As a licensed practitioner, I do hereby affirm that I am associated with this applicant and provide supervision to non-practitioners administering radiation to human beings or animals.

Signature of Licensed Practitioner*
Date
Typed or Printed Name
Licensing Board No.

12. I do hereby accept the responsibilities of radiation safety officer.

Signature of Radiation Safety Officer*
Date
Typed or Printed Name

13. I certify that the administration of radiation to human beings or animals in association with this application shall be under the supervision of an appropriately licensed practitioner. Furthermore, I attest that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant
Date
Typed or Printed Name

Signature of Owner or Partner*
Date
Typed or Printed Name
Driver's License No.

*SEE REVERSE FOR INSTRUCTIONS.

BRC Form 226-2 (Rev. 03/98)

INSTRUCTIONS

The following denotes a detailed explanation for the specific items indicated by an asterisk (*), from the front page.

Item 1a: Legal name of business, facility or individual
A Franchise Tax Information Form (BRC Form 226-1) must be submitted for all new applications and for any name or ownership change.

Item 9: Radiation Safety Officer (RSO)
The individual named as RSO must meet the requirements specified in 25 Texas Administrative Code (TAC) §289.226(s)(1).
A resume for the individual designated as the RSO, delineating experience and qualifications to serve in that capacity, must be submitted with the application. If a physician is named as RSO, only the licensing board number is required..

The RSO's responsibilities are outlined in §289.226(s)(2).

For multiple use locations, one individual shall be designated as RSO for all sites.

Item 10a: Machine Data: Use Codes
Indicate, on the front, the number(s) and letter(s) that apply:

MACHINE USE CODES			
(001)	ACCELERATOR* a) Medical b) Research and Education <i>You must receive a Certificate of Registration before beginning operation of an accelerator.</i>	(086)	MAMMOGRAPHIC X-RAY X-ray units used for tissue specimen analysis not for human use <i>For mammographic units used in mammography of patients a Certification of Mammography Systems must be obtained. Please request application.</i>
(085)	BONE DENSITOMETER	(010)	MEDICAL RADIOGRAPHIC ONLY a) Stationary Unit b) Portable Medical Radiographic Only c) Mobile Operation See 25 TAC §289.226(g)*
(108)	C-ARM X-RAY	(007)	MEDICAL FLUOROSCOPY ONLY
(069)	CT SCANNERS a) Mobile Operation See 25 TAC §289.226(g)* b) Stationary Unit	(068)	MEDICAL RADIOGRAPHIC AND FLUOROSCOPIC COMBINED
(103)	CATHODOLUMINESCENCE	(047)	MEDICAL THERAPEUTIC
(026)	CABINET X-RAY RADIOGRAPHY a) Certified b) Uncertified	(011)	PODIATRIC RADIOGRAPHIC
(008)	CHIROPRACTIC a) Chiropractic Radiographic b) Radiographic and Fluoroscopic Combined c) CT Scanner	(109)	SIMULATOR X-RAY
(009)	DENTAL a) Dental Radiographic b) Dental Fluoroscopic c) Mobile Operation See 25 TAC §289.226(g)*	(012)	VETERINARY a) Veterinary Radiographic b) Radiographic and Fluoroscopic Combined c) Dental Radiographic d) Accelerator e) CT Scanner f) Therapeutic (Less than 1 MeV) g) Mobile Operation See 25 TAC §289.226(g)*
(016)	ELECTRON MICROSCOPE	(014)	X-RAY DIFFRACTION
(104)	FLASH X-RAY	(018)	X-RAY FLUORESCENCE
(054)	FLUOROSCOPY - HAND HELD LIGHT INTENSIFYING DEVICE	(044)	X-RAY SPECTROSCOPY
(095)	LITHOTRIPSY a) Medical Fluoroscopic Only b) Mobile Operation See 25 TAC §289.226(g)*	(097)	OTHER REGISTRABLE SOURCES (Specify)
*DENOTES NEED TO SUBMIT OPERATING, SAFETY AND EMERGENCY PROCEDURES.			

Item 7: Machine Data: Deletion of X-Ray Equipment
On a separate page, submit information as to the disposition of the deleted unit(s). Include name and address to whom the equipment has been transferred/disposed and the date of the transfer or disposal.

Item 10b: Storage of X-Ray Equipment
Any units indicated as being in storage will remain on your inventory and a fee assessed accordingly. If the unit is discarded or disassembled to prevent the unit from being energized, please notify the BRC in writing. At that time, the unit will be removed from your inventory.

Item 11: Signature of Licensed Practitioner
The signature of the Administrator, President or Chief Executive Officer of the facility will be accepted if the facility is a licensed hospital or a medical facility with more than ten radiation machines.

Item 12: Signature of the Radiation Safety Officer
The signature of the person listed in Item 9, as RSO, is required for the processing of all registration actions.

Item 13: Signature of Applicant
This should be the signature of a person duly authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.

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